

The Formation of Affectivity

A Christian Approach

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PERSONALITY DISORDERS

1. Personality and its Disorders

In the first chapter we described personality as *a stable way to relate to oneself, to others and to the world*, and developed the “criteria of maturity” as proposed by the American psychologist Gordon Allport. In this chapter we will approach personality from a different perspective. Instead of focusing on “maturity” and “immaturity” we will talk about health and illness. Both approaches are closely related, but they are not the same. An immature person is not necessarily sick, although some degrees of immaturity are thought to be pathological.

Personality disorders can be defined as a global alteration of one’s way of being, thinking and relating to others. They therefore affect the individual at different levels.

From a *structural* perspective, personality disorders typically show very marked traits. If we apply the *big five* personality traits, people suffering personality disorders would be in the extreme range in one or more of the five categories. They are cautious to a fault or extremely sensitive or introverted or callous, etc.

Consequently, their *behavior* is hopelessly rigid. They always act in the same way at all times regardless of the circumstances, even though those strategies have failed in the past, because they have no resources to act otherwise. We can think of Abraham Maslow’s dictum: “I suppose it is tempting, if the only tool you have is a hammer, to treat everything as if it were a nail.”¹ They lack flexibility, and therefore it is difficult for them to adapt to changing circumstances.

Such people have *affective disturbances*. It may be the result of deficient relationships early in life, poor education or other past wounds. They have little affective autonomy, and exhibit sadness, insecurity, fear, anxiety, and feelings of inferiority (manifest or hidden behind compensation strategies). They handle frustration poorly, lack control of their passions and emotions, are impulsive and have difficulty understanding medium and short-term goals (such as delaying rewards or understanding the consequences of their actions). They are ambivalent, meaning that they show love and hatred towards the same person, or idealize and disregard them, which leads to intense but unstable relationships.

They try to overcome their affective deficiencies by setting up *unhealthy relationships*, as ineffective as they are harmful. They tend to exclude third parties, invade the other’s personal space, not respect otherness, and use other people. This last part is known as “manipulation,” that is, forcing a relationship for one’s own benefit.

¹ A.H. MASLOW, *The Psychology of Science: A Reconnaissance*, Harper & Row, New York (NY) 1966, pp. 15-16.

Strategies to achieve this are their attempts—not entirely conscious—to make other people do or feel what they do not want to do or feel, such as neglect themselves so that others take care of them, exploit their virtues or defects for their own benefit, put them in extreme situations, apply pressure on them to create certain feelings (emotional blackmail, inducing pity or guilt or inculcating a sense of inferiority), etc.

Consequently, they find it difficult to establish “equal footing” in their relationships, i.e. to make friends with their equals on equal terms. The usual pattern is either dominance or submission. It is therefore rare for their relationships to be long-lasting or varied. The other person eventually withdraws, exhausted, and only those who also have unbalanced personalities stick around. The relationship between a psychopath and a dependent is a classic example. One needs to step on the other to assert himself and the other needs someone for support, even if he or she is mistreated in the process.

If we look at them from a different perspective, some of these disorders can be described as *persistent infantile self-centeredness* at the expense of self-transcendence and the extension of the sense of self (the latter was the first of Allport’s maturity criteria). The subject focuses his attention on himself—it is important to stress that he is not entirely conscious of it—and he seeks to feel good or not to feel bad at all costs. Indeed, he is not capable of appreciating the needs of others and perhaps does not even realize that others also have their own needs. Consequently, he claims attention for himself, gives priority to his own satisfaction, does not pay attention to the implications that his actions or demands have on others, etc.

From a *cognitive* point of view, they have what we called in the previous chapter *cognitive distortions* or *automatic thoughts* that lead them to interpret reality wrongly. “They want to harm me” (paranoid), “The other person is to blame” (antisocial), “If things won’t work out 100% it is better not to try” (obsessive-compulsive), etc.

Typically they are not aware that they have a problem, which makes it very difficult for them to seek treatment. The best they can achieve (in many cases) is to receive treatment from a doctor for the management of other secondary symptoms (e.g. insomnia, anxiety or depression).

Personality disorders appear as early as childhood or adolescence and become evident at the beginning of adulthood or maturity. Given that we are not talking about specific behavior but about one’s overall personality, the alterations must be stable, long-lasting and of long evolution, and interfere significantly in different areas of the individual’s life (family, social, work, etc.) before a definite diagnosis can be made.

In addition to the personal interview and the data provided by the family, psychological tests are part of the diagnosis. These may include the Rorschach test, which consists of sheets of undefined drawings or multiple-choice questions (MMPI, 16-PF), etc. In less severe cases, it can be difficult to establish a diagnosis, which creates a grey area between normal and pathological personalities.

Treatment is often challenging and can take a long time (years). Not surprisingly, medication is only helpful to alleviate some manifestations (e.g. to reduce impulsiveness) or to mitigate secondary symptoms (anxiety and low mood). Prescription drugs will not fix the

condition. Psychotherapy is necessary to identify the root causes, correct cognitive distortions and help to develop healthy relationships and strategies to cope with problems.

2. How to Help from a Formation Perspective

Individuals who suffer from these conditions can be helped in various ways by those involved in tasks of formation and spiritual accompaniment.

Healthy people may find it very difficult to understand these patients because they appear to do things on purpose that lead to failure over and over again. Indeed, they lack a sense of reality – not in the sense of the psychotic who has altered beliefs or perceptions, but they are not aware of their own needs or the needs of others.

Though they may instinctively provoke rejection, their difficulties are real pathologies rather than manias or character defects, and so we should approach them with the awareness that these abnormalities make them (and society) suffer.²

We should also note that formators are not immune to the pattern of abnormal relationships that these individuals tend to establish. They will also try to use and manipulate them. Consequently, not everyone is in a position to help these individuals. Special preparation, experience and a sincere capacity for self-observation and self-control are required to prevent a relationship that would be harmful for both parties.

The formator should start by pointing out inappropriate behaviors and reinforcing adaptive ones. This is often not easy, as these individuals – as part of their disorder – usually do not perceive any disturbance in their behavior, beliefs or relationships, and therefore do not feel the need to establish healthier patterns of behavior. They often place all the responsibility on others. Making them face reality will help them, and it will be a step towards overcoming self-centeredness. They need to look beyond themselves and transcend themselves. This can be done by pointing out the bad consequences that their behavior has on themselves and on others, and by showing how people with integrated and happy lives behave, so that they can try to imitate a healthy alternative.

A possible approach is to provide a book in which they can recognize themselves. It can be a psychology book or a novel (or even a movie) where one of the characters has similar traits. The latter is often less aggressive to the person concerned and leads to conversations where similarities and strategies for change arise.

Formational conversations will also be opportunities to point out more adaptive traits and defense mechanisms they can use to deal with various situations in life. The study of the traits associated with each of the *big five* personality factors will help them to set realistic and concrete goals.

² Cf. K. SCHNEIDER, *Psychopathic personalities*, C.C. Thomas, Springfield (IL) 1958.

When setting these goals, great care should be taken not to demand what the individual is not in a position to give, or to force him to do what he is not in a position to do. These individuals are fragile and may end up breaking down. For example, one could advise a young person with few social skills and difficulties relating to others to participate in an activity – a camp, community project, etc. – with people his age. That could help him, but if the person concerned does not feel he can manage it or comes to believe that his attempts were not successful, it would be harmful to keep encouraging him. It would end up reinforcing his fears and undermining his self-esteem even further. It is better to move forward gradually, keeping an eye on his reactions and letting him set the pace of his own progress.

Formators can also help by keeping an eye out for hidden pathologies behind maladaptive behaviors, and encouraging the individual to seek professional assistance (medical or psychological). It is common for people who are around these patients to minimize the problem or think that there is no solution: “That’s how he is and he has always been the same, and nothing can be done about it.” At other times they just hope that with time and effort the problem will go away. But all this only makes the problem chronic and harder to overcome. The natural course of these conditions is often to deteriorate.

We can think of individuals with chronic tiredness. A moderate walk or a flight of stairs makes them short of breath, they look worn out and exhausted by the end of the day... If there is no obvious cause, like old age, making an appointment with a doctor would make sense. The doctor will take a history, carry out a clinical examination and possibly order some blood tests. Let’s imagine that the doctor discovers that the patient has anemia. He will prescribe iron supplements, and more importantly he will try to find the cause of the problem. However, if those close to the patient – relatives, formators, spiritual director, etc. – had simply encouraged him to be tougher and forget about himself, give himself more to the others, have a break and abandon himself in the hands of God, they would have done him a disservice, both physically and spiritually. Good will, either in the sick person or in the loved ones, is not enough when someone is ill.

When faced with a “peculiar” or chronically maladapted person, who cannot work things out despite personal effort and the help of formators, it is worthwhile to recommend an assessment by a professional and not wait for things to get worse. Early diagnosis and treatment make for a better prognosis. Since the person concerned is often unable to acknowledge his or her maladaptive personality traits, it may be appropriate to rely on the so-called secondary symptoms or on their need to improve their relationships. Even if he or she does not take responsibility and blames others, a professional will help him to develop strategies to improve social harmony.

We have seen that people in similar situations – mourning, addictions, depression – ought to use their real-life situation to grow in their love for God and for others. In these patients it is especially important to separate psychological factors from their interior life. We have also seen that this is a difficult thing to do because the distinction is somewhat artificial. The person is one and all the dimensions of a person are interrelated. Having said that, it is often wrong to look at the manifestations of his altered personality in moral terms. Self-focus is easily confused with selfishness, the tendency to isolate oneself with lack of concern for others, impulsiveness with a lack of temperance, etc.

Such people suffer from a major obstacle for self-giving, both in marriage and in other vocations. Personality disorders are a frequent cause of annulments,³ but we would note that maladaptive behavior can become apparent even during courtship: excessive control, jealousy, angry outbursts, etc. One cannot naively trust that the other will improve with time, or that one can change the other. When in doubt, it is a good idea that both parties be assessed by a professional, who would be able to gauge the personality of each one and show how they complement each other.

For similar reasons, it would be inappropriate for those who suffer from these conditions to commit themselves to a vocation of total dedication to God. These illnesses have a profound effect on the individual and would make their relationship with God and with other people very difficult. Difficulty forging healthy bonds would become obvious in their relationships with other people, whether their brothers or sisters in vocation or the beneficiaries of their apostolate. Using others, manipulation, dominance, dependence, etc.—even if they are not completely aware of it—are the precise opposites of this sort of lifestyle.

Yet it is not uncommon for people with these disorders to seek religious life in order to hide there or compensate for their affective shortcomings and relationship difficulties. It would be a wrong way to start their self-giving, because it would be a way of fleeing or hiding and not of serving. During the period of discernment it is necessary to be aware of people who have problems integrating with their peers or who are known to have had problems of this sort. The past history of the candidates should be addressed in conversations with them, particularly the relationship they had with their parents. When conflicts or serious deficiencies are identified, the process of discernment should be particularly thorough. But since it is difficult to know about someone's past life just from interviews, it is a good idea for formators to get to know the families of candidates as well, if possible within their own family environment and in their home, and not just inviting them to the institution where the formation or process of discernment takes place.

Ultimately, the presence of a personality disorder reduces one's freedom to give oneself and puts the ability to live out a vocation's charism in danger, not to mention the fulfilment of that charism's apostolic mission. Again, in case of doubt, a psychological assessment should be carried out.

Whenever there are doubts it is wise to proceed slowly, even if the candidate shows a sincere desire to give himself and a valid eagerness to follow down this path. As he grows in his life of piety and gets to know the charism he wishes to follow, it is better for him to work on resolving his pathological traits, to ensure that his motives are sound, to help him achieve a normal relationship with God and other people, and to reach a reasonable conviction that the lifestyle he chooses will allow him to serve God and religious brothers and sisters happily and in a healthy way. To do otherwise would run the risk of the person concerned becoming unhappy and dissatisfied with his life. He could be tempted to abandon his vocation and even the whole of his Christian life if he blames it for his unhappiness.

³ Cf. F. POTERZIO, *Il dialogo tra il giudice e il perito nella prospettiva del perito*, in H. FRANCESCHI, M.A. ORTIZ (a cura di), *La ricerca della verità sul matrimonio e il diritto a un processo giusto e celere. Temi di diritto matrimoniale e processuale canonico*, Edusc, Roma 2012, pp. 254-304.

3. Classification of Personality Disorders

The *Diagnostic and Statistical Manual of Mental Disorders* identifies ten personality disorders,⁴ grouped into three clusters (see Table 22). Some specific suggestions are offered after each cluster. DSM-5 also includes changes of personality due to medical conditions that impact the central nervous system (tumors, trauma, epilepsy, infections, vascular and endocrine diseases, etc.) and two other more general disorders that do not meet all the specific criteria, or mixed clinical processes.

Cluster A:
Paranoid.
Schizoid.
Schizotypal.
Cluster B:
Antisocial.
Borderline.
Histrionic.
Narcissistic.
Cluster C:
Avoidant.
Dependent.
Obsessive-compulsive.
Personality change due to a separate medical condition.
Other specified personality disorder.
Other non-specified personality disorder.

Table 22. DSM-5 Classification of Personality Disorders

One final word of caution before moving on. Occasionally, when speaking about these disorders (they are not personality types but pathological personalities), some people have told me “I think I have all of them.” My usual reply to these people is that they should not be particularly worried, because if they have traits of each of the personality types they are unlikely to have a personality disorder. Typically, personality disorders have only a few traits that are put to use in all kinds of scenarios. There would be more cause for worry if someone identified himself with only one personality type.

⁴ Cf. AMERICAN PSYCHIATRIC ASSOCIATION, *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, American Psychiatric Association, Arlington (VA) 2013⁵, pp. 645-684.

Cluster A: The Eccentrics

These patients are very similar to those we studied at the beginning of the previous chapter, those with psychotic conditions. These personalities probably involve the greatest genetic component. Three categories have been identified.

The first is *paranoid personality disorder*, the key to which is *mistrust*. The term “paranoid” refers to delusions or paranoia, which was discussed at the beginning of the last chapter. Paranoid people do not have false and incurable beliefs, but have suspicions (without much basis in reality) and see crooked intentions in others. Harmless comments are looked upon as attacks, they imagine that people want to harm or take advantage of them, they suspect disloyalty in friends and adultery in their spouse, etc. They are generally very spiteful.

Schizoid personality disorder could be conceptualized as *low emotional reactivity*. The name is borrowed from schizophrenia, another psychotic disorder. The schizoid person does not have the more severe and obvious symptoms (delusions, hallucinations), but shares the flattening of affect and social isolation. Unlike in Cluster C disorders, the schizoid person does not withdraw out of fear of failure or rejection (he is not merely shy), but he sees no point in socializing, he feels better when he is on his own.

The *schizotypal personality disorder* is closer to a psychotic condition, because in addition to the traits of the two previous conditions he has *eccentric interests and behaviors*. He may engage in magical thinking, superstitions, esotericism, bizarre language, etc. Within the religious sphere he may have excessive interest in extraordinary apparitions, diabolical possessions, stigmata, revelations, etc.

Accompaniment of these persons is extremely complex in the setting of formation, because they do not realize how strange their behavior and beliefs are, and they do not feel the need to socialize. Therefore one’s goals for them must often be limited. The basic guideline is to help them to face reality with regards to events and people. In so far as other people are concerned, the idea is to point out that although they may not see the need to relate to other people, others do need to establish relationships and therefore it is worthwhile to overcome their own character in order to give themselves to others, just like other sorts of people.

Their tendency to isolation and their lack of social skills makes them unsuitable for a life of dedication to God in the priesthood or in apostolic celibacy. However, the question may arise as to whether they may be suitable for a life of self-giving to God in the solitude of the cloister. At first glance it would appear to be a style very much in keeping with their capabilities, but a more careful consideration raises serious doubts. First of all, their relationship with God needs to be assessed, because it can suffer from the same limitations they have in their relationships with others. Remember that a life of dedication to God and a solitary life are not the same thing. Dedication to God implies a life of intimate union with him, and this can be difficult for someone who cannot easily establish close bonds with others.

The schizotypal person’s peculiar view of some aspects of the Christian life deserves special scrutiny. Initially, his strange interests may be confused with a healthy interest in spiritual development, a high degree of union with God and even with truly extraordinary

mystical phenomena.⁵ Therefore they need accurate discernment from wise and experienced people. On this point, it is worth remembering that the great mystics – St. Francis of Assisi, St. Teresa of Avila, St. John of the Cross, St. Padre Pio – handled their extraordinary mystical experiences with great discretion, their day-to-day manner was very normal, and above all they always submitted to their superiors and allowed their spiritual directors to guide them. They also knew how to combine their mystical experiences with a simple life of ordinary work (St. Teresa of Avila was fond of saying that “God is also found among pots and pans”), of service to others and long periods of the dark night of the soul.

Cluster B: The Extrovert or Self-Centered

If we draw a parallel with the classification of mental disorders (neurotic and psychotic), the disorders in cluster A would be qualitatively abnormal, while in groups B and C there is a quantitative disruption, an exaggeration of traits that we all have to a greater or lesser extent. At first glance, these individuals appear normal and even very pleasant to deal with; however, as time goes by, it becomes clear that there are significant shortcomings in their way of being.

Antisocial personality disorder consists in *exploiting others*. It is a complete disregard for people and rules that leads to using others (by manipulating them, deceiving them, making promises that are systematically broken) and breaking rules without having any feeling of guilt or remorse. In some cases they harm people or animals for no other reason than the simple enjoyment of doing it. When confronted with such acts, they tend to rationalize their abusive behaviour and project responsibility onto others. If they are contradicted, they may become irritable and aggressive. They are unable to establish genuine intimate relationships and have a gross lack of empathy for the needs and suffering of others, except when they fake it in order to gain their trust, to control them or to manipulate them. This pattern is common in criminals, but it can also happen in “unscrupulous leaders” who seek their own benefit or that of their company or institution without caring about whether they use others or cause them harm.

Borderline personality disorder is probably the most severe and a patient’s prognosis⁶ is worse. The main feature is extreme *instability*, both internally (intense and ever-changing emotions, affective ambivalence, feeling of emptiness, depressed mood, impulsiveness) and in their relationships, which are usually intense and fragile. Deep down these patients have a very unstructured self-image, they fear being abandoned and find it difficult to give themselves to others trustingly. Suicidal ideation and self-harming behaviors to release their stress are common. In the most severe cases, there may be psychotic episodes.

⁵ Discernment of extraordinary phenomena is a difficult area, cf. J.B. TORELLÓ, *Psicología y vida espiritual*, Rialp, Madrid 2008, pp. 229-250; M. BELDA, *Ars artium. Storia, teologia e pratica della direzione spirituale*, Edusc, Roma 2020, pp. 193-205.

⁶ Cf. P.T. MASON, R. KREGER, *Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder*, New Harbinger Publications, Oakland (CA) 2020. This book may be useful to understand and help these people.

Histrionic personality disorder can be summarized as *seductive behavior* (a Freudian concept that means excessive attention-seeking, but not exclusively from a sexual point of view). It is a tendency to be the center of attention. When they are not being noticed they feel uncomfortable and try to come to the fore. They are very dependent on the esteem and affection of others, and they rely on childish or theatrical comments and behavior, provocative dress styles, and provocative behavior to gain it. Their moods are shallow and volatile, and their character is very impressionable, so that external events have an excessive effect on them.

Finally, the *narcissistic personality disorder* is characterized by delusions of grandeur. These persons have an exaggerated sense of their own importance and abilities. They seek a coterie of fans who follow and admire them as a matter of course, but they treat them with little empathy, as they feel entitled to look down on them and act in an arrogant, haughty and overbearing manner. They tend to exploit and humiliate others, but unlike the antisocial person, they do not do so for the pleasure of seeing them suffer or to gain material advantages, but because contrasting with their humiliation makes them shine more brightly. They take it for granted that they are owed everything, that only special or high-status people deserve to spend time with them and that they are destined to succeed. They are envious of other people's successes. Deep down they lack affective autonomy. They are dependent on the acceptance and recognition of others because their apparent grandeur hides a very weak core. That explains why when they see themselves alone, rejected or having failed, they suffer what psychoanalysts call a *narcissistic wound* that leads to anger or a depressive collapse.

An experienced formator will soon realize that these four categories of people tend to use and manipulate others in a pathological way to compensate for their psychological needs. However, it is worth remembering that they do so unconsciously or at least they are not fully aware of it. The problem is not one of selfishness but of self-centeredness, it is not about virtues but about personality. Obviously the two concepts are intertwined and reinforce each other both positive and negatively, but they need to be discerned correctly.

A first way to help these people is to make them see the effect their actions have on other people, the harm they are causing others or the pressure they are putting on them to comply with their own demands. It means pointing out, for example, that their attitude is forcing a great deal of work onto others that they are not obliged to do (and therefore the person with the personality disorder should not feel offended if it is not done) and above all that there is a lack of correspondence in the relationships they are trying to establish. They are giving themselves much less than what they receive. This needs to be done gradually and gently, because if external support is abruptly withdrawn, the weak structure of their personality could collapse.

It is often useful to connect their behavior with their upbringing: lack of affection, an overprotective mother (common among narcissists), rigid or loose rules (typical of antisocials), a dysfunctional family, traumatic events, etc. The formator should not psychoanalyze, which would only be confusing and disastrous. It is about getting to know the person as a whole, in the context of his or her past history, so that—this is the key—the individuals learn to understand their own selves and to interpret what they are really looking for in their dealings with others: support, recognition, affection, etc. and adjust their behavior to find it out in a mature way, without harming others or harming themselves.

All that has been said throughout this book about the maturity of one's character and affections, as well as about two-way relationships (especially friendship between equals), is particularly relevant for these people. In so far as they learn how to form healthy bonds, respect otherness and endure frustrations, they will develop a more solid and stable personality and grow in self-confidence.

Narcissistic and antisocial personalities deserve special mention. They tend to show great leadership qualities and initiative, so they would appear to be ideally suited for tasks of direction and governance in apostolic undertakings and institutions. Big mistake. They may perceive their appointment as the acknowledgement of their personal worth, and it would reinforce their more maladaptive traits. It is true that at first they seem to be very charismatic and attractive, but over time their lack of empathy and respect for the needs of others becomes obvious. They confuse adherence to their person with loyalty to the charisma or the institution – "I am the State," as Louis XIV used to say – so that questioning their decisions is taken as a personal offence or a lack of obedience or commitment to God. Given their small capacity for self-criticism and introspection, it will be difficult for them to recognize their responsibility and to change what they need to change in their own selves.

Normal people end up either distancing themselves from them or even from the institution, or they will confront them, and the result will be resistance, disputes, tensions, triangulation, involvement of other leaders, etc. They often find it difficult to obey, so that they end up being a source of conflict with both their superiors and their subordinates. Only weak people with deficiencies on the opposite end follow them uncritically, especially those who have a dependent personality, which we will look at next. Finally, their lack of scruples makes them candidates for abuse of power and of conscience, which Pope Francis has rightly put at the origin of the sexual abuses we have had to lament in recent decades.⁷

A solid interior life will help them to deepen their understanding of the value of selfless service, without seeking anything in return or making cost-benefit balances.

Cluster C: The Introvert or Anxious

Individuals in this cluster are similar to the previous group insofar as their personality defect is quantitative, but their defining traits are at the opposite extreme. Instead of trying to act to compensate for their shortcomings, their inclination is to remain passive.

The main feature of the *avoidant personality disorder* is *withdrawal* from interpersonal contact. We saw this trait in the schizoid personality, but it is not difficult to draw a distinction between the two. The dependent does not display autonomy, excessive coldness or insensitivity towards relationships. He realizes that he needs them. However, he has an insurmountable fear of rejection because he feels inadequate, inferior to others and has poor social skills. He is very sensitive to criticism, embarrassment, hurtful jokes, ridicule and neglect. Consequently, he is inhibited in social situations unless he is sure that he will be

⁷ Cf. FRANCIS, *Letter to the People of God on pilgrimage in Chile*, May 31, 2018; IDEM, *Address of his holiness pope Francis at the end of the eucharistic concelebration at the Meeting "The Protection of Minors in the Church"* February 24, 2019.

accepted. On the other hand, he is reluctant to take up challenges and risks because of his fear of failure.

The main feature of the *dependent personality disorder* is *subservience*. Dependent individuals are very insecure, which leads them to avoid making decisions, leaving responsibility (even for important personal matters) to others, or persistently to seek reassurance when they have made a decision. Their great fear is being abandoned and they experience an exaggerated need to be cared for, protected and supported. To achieve this, they are willing to give up their own dignity. They are submissive, do things they dislike, allow themselves to be exploited, do not express disagreement and give up all kinds of rights. When left alone, they feel uncomfortable or helpless because they feel incapable of taking care of themselves.

Obsessive-compulsive personality disorder (formerly called anankastic, and not to be confused with obsessive-compulsive disorder) can be summarized as a desire for *control* over the material world and others. They try to control the outside world in order not to be overwhelmed by their own insecurity. They are orderly and perfectionist, concerned with details, rules, lists, order, organization and schedules. They are rigid, stubborn and obstinate to the point of losing sight of the main object of the activity at hand and putting its success at risk. They have trouble delegating and try to get others to do things their own way. They tend to work too much and they focus on productivity at the expense of leisure activities and relationships with friends and family. In the area of morals, they are scrupulous and inflexible, and very demanding of themselves and of others. Their eagerness to secure future needs leads them to be greedy and not to get rid of damaged or useless objects even when they have no sentimental value.

People suffering from these three disorders usually have a greater awareness of their own illness than the two previous groups, i.e. they are aware of their maladaptive personality. I will cover them in greater detail in the following sections because people with these problems often are encountered in the work of Christian formation and vocational discernment.

Rather than strictly follow the psychopathological classifications, I will look at them from a broader perspective, which can be applied to people with similar traits but who do not strictly speaking suffer from a personality disorder. Therefore, I will refer more generally to the avoidant-dependent personality and the obsessive-perfectionist personality rather than those in the first two clusters.⁸

3. The Avoidant-Dependent Personality

The attachment theory discussed earlier in the book (at the beginning of the life cycle) can help us identify the origin of these personality types: an overly close relationship with a

⁸ I will use many of the ideas included in F. INSA, "Affective Dependency and Perfectionism: A Proposal Based on Attachment Theory," in F. INSA, D. PARKER (eds.), *Loving and Teaching Others to Love. The Formation of Affectivity in Priestly Life*, Independently Published 2021, pp. 83-101.

mother figure, which makes it difficult for the child to achieve the self-esteem, autonomy and security necessary to explore and interact with the world on his own.⁹ As the years go by, the youngster leaves the family environment, goes to school and begins to relate to his peers, but finds it very difficult to establish contact with them. He would like to get closer to them but he suffers from two fears that fight against each other: the fear of rejection and the fear of being left alone.

If the avoidant overcome their fear of being excluded, they will avoid relationships and live in loneliness. If, on the other hand, they overcome their fear of neglect, they will seek to establish a bond with someone who makes them feel safe, a *substitute attachment figure* to replace the maternal figure. Dependent relationships are thus established. In extreme cases, this relationship can involve a two-way exploitation. On the one hand, the dependent is willing to do anything in order to be accepted, which is a breeding ground for being used or abused, not daring to say no or to break off the relationship for fear of being left alone. On the other hand, he tries to control the other person by absorbing their time and affection, which they want to monopolize for themselves (they are very jealous), and he demands total availability. The autonomy of the other is taken as a personal offense. Sometimes there is an attempt to control others through service, which in Italian is graphically called *sindrome della crocerossina* (Red Cross volunteer syndrome), which could be defined as the tendency to help, even in an invasive way, in order to receive affection.

Such an individual may accumulate anger and resentment towards the reference figure, but is not capable of bringing them out to the open because of his difficulties channeling his emotions and fears of being left alone. Thus they respond with a passive-aggressive attitude: he shows his resentment through resistance, obstructionism, reproach, forgetfulness or a dour expression, together with an unconvincing "there is nothing wrong with me."

The avoidant or dependent youngster may find it more comfortable to deal with adults than with people his own age, as they give him security, accept him (in the peer group he has to earn it) and respect him (which unfortunately is not always the case among children). As a result, adults may be under the false impression that they are dealing with a very mature child.

He can also find the security he lacks in a religious group: the parish, a movement, a youth club. There he feels loved, welcomed and respected. The search for this type of bond is even greater when he not only has difficulties in his relationship with his peers but also when he is not at ease in his own home because of cold, absent or unaffectionate parents, or because he comes from a broken home. The contrast with the atmosphere of joy, service and concern for others that he finds in the various groups we have referred to may lead him to think that this is the way to find happiness, and therefore that is where God is calling him. It would mean confusing vocation with the fulfillment of affective needs.

Undoubtedly one of the signs that God can use to make someone see that he is calling the individual down a certain path is that the person feels humanly at ease in that particular environment. But this motive needs to be purified and matured. God calls us to serve him, to

⁹ To delve further in these types of personality, cf. L. BALUGANI, "La personalità dependente," *Tredimensioni* 10 (2013) 133-146; F. SARRÁIS, *El miedo*, EUNSA, Pamplona 2014.

have a personal relationship with him. The bond, the secure attachment that has to be established, must be with God in the first place, not with formators or with the group. On the other hand, in following that vocation, the person may try to remain in the secure comfort of the institution instead of launching into an apostolic task. This creates a dichotomy between the vocation itself and the mission that the vocational call entails.

From a human point of view, the first task of formators is to help these people improve their relationship with themselves and with others. It is important to keep this order: it starts with themselves, which is why we started the section by going back to attachment theory. The main objective is to overcome insecurity and low self-esteem in order to achieve the freedom that will allow them to decide what to do with their lives.

Maintaining a positive tone during conversations with them is always helpful in assessing everything and encouraging him to take risks without delegating them to others. An individual with an avoidant or dependent personality finds the compliments from people in authority when goals are achieved very encouraging, but it is also necessary for them to acknowledge apparently unsuccessful, “wasted” efforts. At least they have tried. Yet it is important not to exaggerate compliments because they may encourage dependence or insecurity in the youngster when they are not acknowledged. The aim is for the young person to become more autonomous and for him to be the one to value and congratulate himself when he achieves success, be it great or small.

A delicate balance is required in order not to fall into a dependency trap, because he is likely to seek it out with authority figures. A formator should not lose sight of the fact that it may be pleasant to know that someone is dependent on him – that he has become a *secure base* for one of the pupils – and may therefore unintentionally foster a relationship that would be unhealthy for both.

This does not mean abandoning the subject before he is ready to be autonomous. It is rather a matter of going forward one step at the time, for example by spacing out meetings further than what he would want, by not always answering phone calls, etc. It should be explained that one’s reluctance to be a secure base does not mean rejection, but on the contrary, is due to confidence in the individual’s abilities, even if he is not able to appreciate them at the time.

On the other hand, inappropriate manifestations of affection, either by excess or by defect, must be corrected gently but firmly. Exclusive and engrossing relationships, a lack of sympathy or empathy with other people, episodes of emotional overflow, not taking into account different tastes, interests or ways of being, excluding certain individuals from their relationships, lack of interest in others and a tendency to isolation, complaints, criticism, envy, sarcasm, bitter jealousy, etc., should be corrected.

Periodic discussions will be a great help for them to get to know themselves, realizing and appraising their talents while also recognizing their affective shortcomings, the causes of their fears and anxieties, etc. This knowledge will allow them to overcome their difficulties showing their own emotions, verbalizing their needs, fears and moods, including the negative emotions of anger and resentment. They will thus be able to resist possible attempts at

manipulation by third parties and to do so in an assertive way, i.e. asserting their rights without being uncharitable or disrespectful.

Regarding relationship with peers, social skills should be promoted. He should be encouraged to break down his insecurity by dealing with everyone (especially his peers) without confining himself to the restricted circle where he feels safe or limiting himself to dealing with people much older or younger than himself. The relationships and friendships he needs to establish, maintain and promote are, let us repeat, with his peers. For example, in a parish setting it will not help him to be entrusted with young children—first communion catechesis—but with people his own age. That may mean preparing candidates for confirmation, teaching pre-Cana courses, etc.

People with an avoidant or dependent personality can be encouraged to work out what they expect from their relationships. They should seek the good of the other, not their own in the guise of affection or recognition. In this regard, it is interesting to know that the so-called *depressive personalities*, in whom we often find many of the traits described above, tend to engage in helping others—such as volunteering, teaching or the health professions—as a way of compensating for their low self-esteem and fulfilling their need for affection.¹⁰ It would not therefore be unusual to find a subject with these characteristics in one of the various forms of dedication to God.

Finally, attention should be paid to abnormal relationships, i.e. relationships that are too close, exclusive or inappropriately intimate. In short, where we can foresee an emotional dependence that can end up destroying the person because they do not respect otherness. A couple made up of a person with markedly dependent personality traits and another with narcissistic or antisocial traits—they are psychologically complementary—is particularly dangerous because it leads to the double exploitation referred to above. This would be a clear example of a *toxic relationship*.

4. *The Obsessive-Perfectionist Personality*

We come to the second personality type: the obsessive-perfectionist.¹¹ This individual does not seek security and attachment in people but in their own actions in a way that removes all uncertainty.

¹⁰ Cf. M. FIERRO, J. J. ORTEGÓN, “Trastorno de personalidad depresivo: el sinsentido de la vida,” *Revista Colombiana de Psiquiatría* 34 (2005) 581-594.

¹¹ Regarding etiological aspects and a proposal for strategies to change, cf. C. CIOTTI, “La personalità ossessivo-compulsiva,” *Tredimensioni* 5 (2008) 75-87; M.M. ANTONY, R.P. SWINSON, *When perfect isn't good enough. Strategies for coping with perfectionism*, New Harbinger Publications, Oakland (CA) 2009; A.E. MALLINGER, J. DE WYZE, *Too Perfect: When Being in Control Gets Out of Control*, The Random House Publishing Group, New York (NY) 2011³; J. SCHLATTER NAVARRO, *Ser felices sin ser perfectos*, EUNSA, Pamplona 2016³; M. ÁLVAREZ ROMERO, D. GARCÍA-VILLAMISAR, *El síndrome del perfeccionista: el anancástico*, Almuzara, Córdoba 2017⁴.

Usually there is an obvious positive substratum: such a person shows a high sense of duty, is orderly, dutiful and reliable. He is therefore ideal for tasks involving high responsibility because he inspires confidence that whatever task he does will be done properly.

However, a closer look reveals a very marked obsessive component that conditions his working style and how he relates to others. It would take too long to talk about the causes of these obsessive traits, and we will simply point out that educational (usually a rigid and very demanding father) and biological factors can be found in their origin.

A background of insecurity lies behind the obsessive personality, just like in the avoidant and dependent personalities. The individual cannot tolerate uncertainty, is afraid of failure, and therefore tries to secure everything and prevent any mistake. This makes him extremely rigid. He must follow rules and protocols rigorously, trying to anticipate every possible outcome.

On the other hand, he does not tolerate unforeseen events or changes of plans, he is distressed by to-do lists (he has an excessive sense of pleasure every time they manage to tick off a task from the list), he demands more from himself than the circumstances require, and he is incapable of leaving things undone. He has a typical cognitive distortion "if I am not sure that I can finish this task to perfection, I won't even try."

When confronted with problems, he tends towards activism. He tries to solve everything by working harder. But as he is not very flexible, he usually insists on doing things the same way even if they have not worked out in the past and he is not very open to alternative solutions (both thinking about them and accepting them from others). Some attribute the phrase "insanity is doing the same thing over and over again and expecting different results" to Einstein, and it applies to the obsessive. They are not very creative and have little *lateral thinking*.¹² On the other hand, their difficulty in acquiring a wide, global vision is very distinctive. They are often very attentive to details but they get lost in them and neglects the overall result. They cannot see the wood for the trees.

This often leads to a paradox. Although the obsessive individual is usually very effective in his tasks, he can be difficult to work with precisely because of his lack of flexibility. He demands that everything always be done his way, that everything be finished down to the last detail without exception. He concentrates on the smallest details and has little understanding of other people's ways and feelings. In the end he gets cranky and does everything himself. He thinks that others work less or worse than he does, and with less sense of responsibility. He is prone to burnout. Women in this category are also more vulnerable to anorexia nervosa.

From an affective point of view, he tends to have little ability to discover and talk about emotions, which makes him very demanding and unsympathetic to his own and other people's subjective needs. For example, he may find it difficult to understand that he or others may be tired and need a break, and he is unable to enjoy these same breaks without becoming anxious about the pressure to get back to work.

¹² Cf. E. DE BONO, *Lateral Thinking. Creativity Step by Step*, Harper Perennial, New York (NY) 2015; IDEM, *Six thinking hats. The power of focused thinking. Six proven ways to effectively focus your creative thinking*, International Centre for Creative Thinking, Mamaroneck (NY) 1985.

A permanent state of anxiety is also typical. Because he does not “get there,” does not meet his objectives, does not reach the expectations others have placed in him... These reasons may be more or less justified in the present moment or in past experiences, but the main idea is the lack of proportion between the state of inner stress and the causes that drive it.

From an ascetical point of view, he may lack abandonment and trust in God. He prefers to have everything under control, to fulfill a schedule, a program, practices of piety, and he may lack reflection (and therefore internal adherence) in living out obedience. He will not ask himself for the reason behind what he is doing. He lacks authentic freedom of spirit. As a consequence, perfectionist people are prone to collapse when they see their limitations, their weaknesses and above all their downfalls. “I can no longer be perfect.” Finally, a personality with these traits is a breeding ground for scruples.

In a word, the perfectionist may forget that the driving force of his actions must be love of God and the love of others, not the achievements that results from his own deeds. It may be helpful to remember the Lord’s words: “you tithe mint and rue and herbs of all kinds, and neglect justice and the love of God; it is these you ought to have practiced, without neglecting the others” (Lk 11:42).

Given that the core of the obsessive-perfectionist personality is insecurity, the assistance that a formator can give is firstly to facilitate the development of self-confidence by encouraging them to live with the uncertainty of not having everything figured out down to the last detail. The outline of a talk to be read verbatim, the exam revised down to the last comma, a briefing that covers every possible detail to prevent anyone from misunderstanding it, and so on. In short, it is a matter of helping them to detach themselves from their confidence in their own security in order to establish a *secure attachment* to more mature and higher realities.

It must be clearly stated that a rigid or a perfectionist formator (or spiritual director) is the worst thing that can happen to a person who has obsessive-perfectionist personality traits. Such a formator might be satisfied with demanding (and getting) things done externally – respect for rules and objectives or the fulfillment of certain practices of piety – without looking at how they impact the interiority of the individual.

It is also essential that a formator be always very understanding. Any ironic comment about such people’s way of doing things will only reinforce their fear of failure, undermine their low self-esteem and therefore increase their anxiety. On the contrary, it is much better “to walk with them” so that they can gradually take new risks without feeling overly lonely. Sometimes it will be better to encourage them to “jump with a safety net” so that they do not hurt themselves when they fall, while on other occasions it will be better to remove the net so that they can learn by trial and error. In any case, any attempt should always be appreciated, even if the results are not good.

It is wise not to give them too much work. They are certainly efficient and reliable, but it is difficult for them to say no and they can easily take on too much without realizing it and without voicing it.

It is important to insist in the area of flexibility. Perfectionists have to learn that there are many ways of doing things, many ways of reaching the same goal, and they need to know

how to discern what is important from what is secondary. Life is not only *black and white*, but there are also many shades of grey. And in the context of flexibility, it is useful to develop a healthy sense of humor. To laugh at oneself, at one's limitations and shortcomings without feeling humiliated by them.

Therefore they need to reassess their concept of duty. This does not mean they should do away with it, but find the right balance. Indeed, it is not uncommon for these people to feel confused when they are made to realize that the way they have approached their endeavors up to that point (often successfully in various areas: family, social, academic and even vocational) is no longer valid. But this conclusion would not be correct. It is rather a matter of broadening the range of their responses, depending on the challenges that life presents, so that different problems can be tackled differently.

This reframing can help them to slow down, to give them necessary breaks for rest and leisure activities without feeling that they are wasting their time. It will help them to be more understanding of others when they also take a break. Moreover, it will allow them to enjoy these moments not only as intervals between one job and another but as a chance to enjoy the pleasant moments that life has to offer and to *waste time* with others, i.e. to dedicate time to rest and having fun with other people.

In their relationships with others, therefore, charity is more important than efficiency. This is why perfectionists need to attain and transmit serenity and peace – to accept that they are imperfect persons, in an imperfect world and surrounded by imperfect people.

We have left to the end the most important point, the relationship that the candidate with an obsessive-perfectionist personality establishes with God must become for them a solid point for a *secure attachment*.

Their conversations with formators are a chance to see how they relate to God. They may have internalized a very partial vision of the Gospel, related to rules, duties and fulfillment, rather than love and mercy, and this partial vision would shape their relationship with God. It is therefore useful for them not to look at demands in terms of duties, actions and results, but as a way to live out one's love for God, who is above specific works and their results:

Love, and do what you will: whether you hold your peace, through love hold your peace; whether you cry out, through love cry out; whether you correct, through love correct; whether you spare, through love do you spare: let the root of love be within, of this root can nothing spring but what is good.¹³

Emphasis should be placed on an upright intention, on the supernatural value of actions (as distinct from their human efficacy), on the priority of prayer, especially prayer that does not lead to resolutions but facilitates a personal relationship with Jesus Christ, e.g. meditation on the Gospel and silent, contemplative adoration before the tabernacle.

When they face their own mistakes (and also the failures of others), it will help them to rediscover the wonder of a God who does not ask us to be flawless. Love for God is compatible

¹³ ST. AUGUSTINE, *Commentary on the Letter of St John*, VII, 8.

with things not going perfectly right, and when we fall, he forgives us. Sometimes the problem is that perfectionists do not forgive themselves.

Finally, both the formator and the person concerned have to be realistic about their goals. It is not a matter of having a completely balanced personality, but rather that the trusting relationship with God leads to self-acceptance and to trying to be ever more patient with oneself and with others.